



MEMBER ACTION FORM (001)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 50981 (5-03)

Please see reverse side for important information on death benefits, naming a beneficiary, and purchasing refunded service credit. In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number.

Name (First, Middle, Last)		Social Security Number		Sex	Birth Date
Mailing Address (Street or Box)		City		State	Zip Code
School District (Name and Employer Number)		Work Phone Number		Home Phone Number	
Married <input type="checkbox"/> Single <input type="checkbox"/>	Maiden Name	Name of Spouse (First, Middle, Last)			Spouse Social Security Number

- I am a (Check only one if applicable):
☐ New, first time TFFR member.
☐ Active TFFR member changing or adding an employer.
☐ Inactive TFFR member returning to employment.
☐ Retired TFFR member returning to employment.
☐ Refunded TFFR member returning to employment.
- ☐ I am on a leave of absence for school year(s) _____.
☐ I am returning from a leave of absence.
- I have previous North Dakota State employment experience covered by Public Employees Retirement System (PERS) or Highway Patrol Retirement System (HPRS). ☐ Yes ☐ No Where _____ When _____
- I am naming or updating my beneficiary designation. ☐ Yes ☐ No

Primary Beneficiary(ies)	Relationship	Social Security No.	Date of Birth	% Share	Address
Total must equal				100%	

SPOUSAL CONSENT

If you are married and designate a beneficiary other than your spouse, your spouse must consent in writing to the alternate beneficiary (NDCC 15-39.1-04).

I have read and understand the death benefit information on the reverse side. I consent to the above named beneficiary(ies) designated by the above named TFFR member.

Signature of Spouse

Date

MEMBER'S SIGNATURE

I have read and understand the death benefit information on the reverse side. I designate the above named beneficiary(ies) to my TFFR account.

Signature of Member

Date

RETURN TO:

ND Retirement and Investment Office
1930 Burnt Boat Drive, P.O. Box 7100
Bismarck, ND 58507-7100

Telephone: 701-328-9885
Toll free: 800-952-2970
Fax: 701-328-9897
www.discovernd.com/rio

This form is available in an alternate format upon request.

White – RIO

Yellow - Member

TFFR Membership

New and returning TFFR members are required to complete and sign a Member Action Form to properly enroll in the TFFR plan.

Previous Teaching or State Experience covered by TFFR, PERS, or HPRS

Active TFFR members are eligible to repay TFFR and/or PERS refunded service credit for use toward retirement eligibility and benefits. Contact the Administrative Office for additional information.

Naming a Beneficiary

TFFR members should designate a beneficiary(ies) in writing for the purpose of directing payment of a claim due to a member's death.

If you are married, you must name your spouse as beneficiary or provide written spousal approval to name an alternate beneficiary. If you are not married, or if you have written spousal consent, you can name any person (up to 10), organization, church, or charity as beneficiary of your retirement account. However, if more than one beneficiary is named, they are not eligible to receive a monthly annuity for life. Also, if more than one person is named as beneficiary, they will share equally in the survivor benefit unless specific percentages are designated. If specific percentages are designated, they must equal 100 percent.

If you do not designate a beneficiary, death benefits (if any) will be paid to your surviving spouse; if none, to your surviving children; if none, to your estate.

Naming a contingent beneficiary(ies) is **OPTIONAL**. A contingent beneficiary should only be designated if you do not wish survivor benefits to be paid in the order provided by state law (surviving spouse, surviving children, estate). Benefits will be paid to your contingent beneficiary only if your primary beneficiary is deceased. Contact the administrative office for SFN 10341 to name a contingent beneficiary.

Your beneficiary designation is subject to the governing statutes and rules and regulations established by the Board of Trustees of the ND Teachers' Fund for Retirement. The acceptance of this designation does not establish that a survivor benefit will be payable. Whether or not a benefit is payable and the amount thereof, will be determined at the time of death under laws and regulations then applicable.

This Designation of Beneficiary revokes any prior form. Please keep your designation current by updating your beneficiary if you marry, divorce, have children, or if your spouse or other beneficiary dies.

Death Benefits

If a member's death occurs prior to retirement, the beneficiary/survivor of a nonvested member (less than three years of service credit) will be eligible for a refund of account value (member contributions plus interest). Survivors of vested members (three or more years of service credit) will be eligible for: 1) refund of account value; or 2) monthly reduced annuity for life under 100% Joint and Survivor option (not available if more than one beneficiary is named); or 3) sixty monthly annuity payments equal to the member's Single Life Annuity without reduction for age.

If a member's death occurs after retirement, the death benefit your beneficiary/survivor receives (if any) is based on the plan you select at retirement.

If you have any questions, please contact the Administrative Office.